

objection, no comment or accepted received. The bridge owner then requested that the openings be made if at least 3 hours notice is given at all times. After meetings among the bridge owner, the Port of Lewiston, and the Columbia River Towboat Association, the 3 hours notice was accepted. On this basis, the Coast Guard feels that the 3 hour notice will provide for the reasonable needs of navigation. This matter will be closely monitored and if further amendments seem appropriate, they may be made.

Accordingly, Part 117 of Title 33 of the Code of Federal Regulations is amended by adding a new § 117.761 immediately after § 117.760 to read as follows:

§ 117.761 Clearwater River at Lewiston, Idaho.

(a) *Camas Prairie Railroad Bridge, Mile 0.6.* The draw shall open on signal if at least 3 hours notice is given to the Camas Prairie Railroad, Lewiston, Idaho.

(b) *Signals.*—(1) The opening signal is two long blasts of a whistle, horn or other sound producing device.

(2) The acknowledging signal from the draw tender when the draw shall open is two long blasts.

(3) When the draw cannot open or must close immediately, the draw tender shall sound four short, rapid blasts which are repeated until acknowledged by the same signal from the vessel.

(4) A white flag by day or a white light at night swung in full circles at arm's length in full sight of and facing the drawbridge may be used in conjunction with sound signals.

(5) This bridge is equipped with an FM radiotelephone station and when communications have been established between the draw tender and an approaching vessel, the request for the bridge opening and answering acknowledgment may be given by radiotelephone and sound and visual signals may be omitted. If radiotelephone contact cannot be maintained, sound signals must be used.

(c) The owner of or agency controlling a bridge shall keep a copy of these regulations conspicuously posted, on both the upstream and downstream sides of the bridge, in such manner that it can be easily read at any time.

(Sec. 5, 28 Stat. 362, as amended, sec. 6(g) (2), 80 Stat. 937; 33 U.S.C. 499, 49 U.S.C. 1655(g) (2); 49 CFR 1.46(c) (5), 33 CFR 1.05-1 (c) (4).)

Effective date. This revision shall become effective on April 19, 1976.

Dated: March 11, 1976.

R. I. PRICE,
Rear Admiral, U.S. Coast Guard,
Chief, Office of Marine Environment and Systems.

[FR Doc. 76-7765 Filed 3-17-76; 8:45 am]

[CGD 76-022]

PART 117—DRAWBRIDGE OPERATION REGULATIONS

Harlem River, N.Y.

This amendment modifies the regulations for the 103rd Street, Macombs Dam, and 207th Street bridges across the

Harlem River, N.Y. to include a provision that the draws will open as soon as possible for public vessels of the United States and of New York City upon notification to the proper authorities. This provision is required to assure the timely passage of these vessels. As this amendment does not effect navigation except as far as public vessels of the United States and of New York City are concerned, public procedure is considered unnecessary.

§ 117.160 [Amended]

Accordingly, Part 117 of Title 33 of the Code of Federal Regulations is amended by inserting the words: "The draws of these bridges shall open as soon as possible for the passage of public vessels of the United States and New York City after such vessels have contacted the New York City Highway Department's Radio (Hotline) Room." Immediately following the last sentence in § 117.160 (h).

(Sec. 5, 28 Stat. 362, as amended, sec. 6(g) (2), 80 Stat. 937; 33 U.S.C. 499, U.S.C. 1655(g) (2); 49 CFR 1.46(c) (5), 33 CFR 1.05-1(c) (4).)

Effective date. This revision shall become effective on April 19, 1976.

Dated: March 10, 1976.

R. I. PRICE,
Rear Admiral, U.S. Coast Guard,
Chief, Office of Marine Environment and Systems.

[FR Doc. 76-7762 Filed 3-17-76; 8:45 am]

[CGD 75-060]

PART 117—DRAWBRIDGE OPERATION REGULATIONS

Illinois River, Illinois

This amendment changes the regulations for the Burlington Northern railroad bridge at Beardstown, Illinois, to provide for an automated radar detection system and radiotelephone communications to be used in conjunction with the raising and lowering of the draw of the bridge. This amendment was circulated as a public notice dated April 4, 1975, by the Commander, Second Coast Guard District and was published in the FEDERAL REGISTER as a notice of proposed rule making (CGD 75-060) on April 1, 1975, (40 FR 14604). Five responses were received. None of these objected to the proposal, however, several changes were suggested. After a thorough examination of these suggestions, the use of the radiotelephone on channel 16 by the bridge operator to inform vessels immediately prior to the draw being raised or lowered has been incorporated in this regulation. Channel 16 will also be used by vessels when communicating with the bridge operator. Editorial changes have been made for clarity.

Accordingly, Part 117 of Title 33 of the Code of Federal Regulations is amended by adding a new § 117.604 immediately prior to § 117.605 to read as follows:

§ 117.604 Illinois River—Automated Burlington Northern Railroad Bridge at Beardstown, Illinois.

(a) The liftspan of the railroad bridge, mile 88.3, at Beardstown, Illinois, will

normally be maintained in the open position, providing a minimum vertical clearance of 68.4 feet above normal pool.

(1) When a vessel is approaching, and the liftspan is in the open position, contact shall be established by radiotelephone with the remote operator to assure that the liftspan will remain open until passage has been completed.

(2) When a vessel is approaching, and the liftspan is in the closed position, contact shall be established by radiotelephone with the remote operator. If the liftspan CANNOT be opened promptly, alternate flashing red lights shall then be displayed. If the liftspan SHALL open promptly, flashing amber lights shall be displayed.

(3) When a train approaches the bridge and the liftspan is in the open position, alternate flashing red lights on top of the drawspan shall commence flashing and a horn shall sound four short blasts. The remote operator shall scan the river on radar to determine whether any vessels are approaching the bridge. The remote operator shall also broadcast his intentions to lower the liftspan. If a vessel or vessels are approaching the bridge within one mile, as determined by radar scanning, response to radio broadcast, or electronic detector, the flashing red lights shall be changed to flashing amber and the liftspan remain in the fully open position until such vessel or vessels have cleared the bridge. If no vessels are approaching the bridge or are beneath the liftspan, the alternate flashing red lights shall continue to flash and the liftspan shall be lowered and locked in place.

(4) After the train has cleared the bridge, the draw shall be raised to its full height and locked in place; the red flashing lights will stop and drawspan lights changed from red to green indicating the navigation channel is clear for the passage of vessels.

(b) The owner of or agency controlling this bridge shall keep the provisions of this regulation conspicuously posted on both the upstream and downstream sides of the bridge.

(Sec. 5, 28 Stat. 362, as amended, sec. 6(g) (2), 80 Stat. 937; 33 U.S.C. 499, 49 U.S.C. 1655(g) (2); 49 CFR 1.46(c) (5), 33 CFR 1.05-1(c) (4).)

Effective date. This revision shall become effective on April 19, 1976.

Dated: March 10, 1976.

R. I. PRICE,
Rear Admiral, U.S. Coast Guard,
Chief, Office of Marine Environment and Systems.

[FR Doc. 76-7764 Filed 3-17-76; 8:45 am]

[CGD 75-024]

PART 117—DRAWBRIDGE OPERATION REGULATIONS

Matanzas River, Florida

This amendment changes the regulations for the Bridge of Lions drawbridge across the Matanzas River, St. Augustine, Florida, to permit additional closed periods from 7 a.m. to 6 p.m. This amend-

ment was circulated as a public notice dated February 4, 1975, by the Commander, Seventh Coast Guard District, and was published in the *FEDERAL REGISTER* as a notice of proposed rule making (CGD 75-024) on January 29, 1975, (40 FR 4318). Due to the objections received, this proposal was rejected by the Coast Guard on May 30, 1975. On June 26, 1975, the Mayor of St. Augustine held a hearing concerning further restrictions on the openings of the draw of the Bridge of Lions. As a result of the comments at this hearing and of resolutions by the City of St. Augustine and St. Johns County, the Coast Guard granted the Florida Department of Transportation permission to restrict the openings of the draw from 6 a.m. to 6 p.m., from July 14 to September 1, 1975. In addition the draw was not required to open at 8 a.m., 12 noon, and 5:30 p.m. This was done to determine the validity of the need for this change. The public was requested to comment on the impact of the temporary regulations.

Seventeen letters and three petitions with 1,283 signatures were received favoring this proposed change. One letter of objection was received which expressed the belief that the narrow roads and multiple traffic lights leading to the Bridge of Lions were more responsible for the bridge traffic problems than the draw openings. This is a valid point and was seriously considered, however, the openings do play a significant role and this objection was therefore rejected. The local shrimp industry objected to restricting the openings between 6 a.m. and 7 a.m. A study of the vehicular traffic during this period did not justify restrictions for this period. The Florida Department of Transportation was requested to delete this period and did so. A review of the traffic patterns determined that the 8 a.m., 12 noon, and 5:30 p.m., closed periods were not justified on Saturdays, Sundays, and legal holidays. The St. Augustine Bridge Committee, the City of St. Augustine, and the Florida Department of Transportation had no objection to their deletion and this has therefore been done. The use of light signals in lieu of sound signals by the draw-tender to acknowledge requests for openings is approved. This was originally proposed on January 29, 1975, and no objections to this were received. This signal shall be used in conjunction with sound signals when conditions are such that sound signals may not be heard. The Coast Guard feels that the amended regulations as presented below will meet the reasonable needs of navigation and provide a better flow of land transportation. This matter will be closely monitored and if additional changes appear necessary, the Coast Guard will take action as required.

Accordingly, Part 117 of Title 33 of the Code of Federal Regulations is amended by revising § 117.432 to read as follows:

§ 117.432 Matanzas River (Intracoastal Waterway), Fla.; Bridge of Lions (State Road No. A-1-A), St. Augustine, Fla.

(a) The draw shall open on signal, except that:

(1) From 7 a.m. to 6 p.m., Monday through Friday, except legal holidays, the draw shall open only on the hour and half-hour if any vessels are waiting to pass. However, the draw need not open at 8 a.m., 12 noon, and 5:30 p.m.

(2) From 7 a.m. to 6 p.m., Saturdays, Sundays, and legal holidays, the draw shall open only on the hour and half-hour if any vessels are waiting to pass.

(b) The draw shall open at any time on signal for the passage of public vessels of the United States, tugs with tows and vessels in distress. The signal from such vessels is four blasts of a whistle or horn or by shouting.

(c) Signals for all vessels other than those covered in paragraph (b) of this section.

(1) Call signals for opening of draw-bridge or passing through an open draw.

(i) *Sound signals.* Three short blasts of a whistle, horn or siren, or by shouting.

(ii) *Visual signals.* A white flag by day or a white light by night, swung in vertical circles at arm's length in full sight of the bridge and facing the draw. This signal shall be used in conjunction with sound signals when conditions are such that sound signals may not be heard.

(2) Acknowledging signals to be given by operator of the drawbridge.

(i) *Sound signals.* None required.

(ii) *Visual signals.* (A) When the draw cannot be opened promptly or when draw is opened and is to be closed for any reason, the signal is two red lights flashed *alternately*; or a red flag by day or a red light by night, swung in vertical circles at arm's length in full sight of the vessel.

(B) When the draw can be opened promptly, the signal is two amber lights flashed *alternately*; or a white flag by day or a white light by night swung in vertical circles at arm's length in full sight of the vessel.

(C) When draw is open for passage, the signal is two green lights flashed *alternately*; or a green flag by day or a green light by night, swung in vertical circles at arm's length in full sight of the vessel.

NOTE: The two red, amber and green light units will be located on the northwest and southeast towers on the bridge. They will be oriented with respect to the existing channel, and flashed for about 10 seconds duration with alternate flashes not to exceed two seconds each and be provided with candlepower sufficient to be readily visible to approaching waterborne traffic for at least ½ mile.

(d) No vessel shall attempt to navigate the draw of the bridge until the green light or green flag acknowledging signals are given.

(e) When vessels are approaching a bridge from the same direction, each vessel shall give the call signal for opening the draw.

(Sec. 5, 28 Stat. 362, as amended, sec. 6(g) (2), 80 Stat. 937; 33 U.S.C. 499, 49 U.S.C. 1655(g) (2); 49 CFR 1.46(c) (5), 33 CFR 1.05-1(c) (4).)

Effective date. This revision shall become effective on April 19, 1976.

Dated: March 10, 1976.

R. I. PRICE,
Rear Admiral, U.S. Coast Guard,
Chief, Office of Marine Environment and Systems.

[FR Doc. 76-7763 Filed 3-17-76; 8:45 am]

[CGD 75-110]

PART 183—BOATS AND ASSOCIATED EQUIPMENT

Category of Single Outboard Motors Rated Greater Than 150 Horsepower

• Purpose. This amendment adds a new category of single outboard motors rated greater than 150 horsepower to Table 183.67(a).

On September 19, 1975, a notice of proposed rulemaking was published in the *FEDERAL REGISTER* (40 FR 43226). The notice proposed that an additional category of weights for single outboard motors rated greater than 150 horsepower be added to Table 183.67(a).

One written comment was received. The comment pointed out an editorial error in Table 183.67(a); i.e. the first horsepower rating should be "under 4.0" rather than "under 4.1". The second category should be "4.0 to 5" rather than "4.1 to 5".

As a result of this comment the table is corrected as suggested.

§ 183.67 [Amended]

The Coast Guard noted that the unit of measure—pounds—was omitted from the caption of Table 183.67(a). The words "in pounds" are added so the caption reads "Weights (in pounds) of outboard motors and related equipment for various boat horsepower ratings."

The amendments are adopted with changes as set forth below.

Effective date. This regulation shall become effective on September 15, 1976.

NOTE: Affected persons may voluntarily comply with this amendment prior to

(46 U.S.C. 1454 and 1456)

Dated: March 11, 1976.

O. W. SILER,
Admiral, U.S. Coast Guard,
Commandant.

TABLE 183.67(a).—Weights (in pounds) of outboard motor and related equipment for various boat horsepower ratings

Boat horsepower rating	Motor and control weight		Battery weight		Full portable fuel tank weight ¹	
	Dry	Wet ²	Dry	Wet ²	Dry	Wet ²
Under 4.0.....	35	20				
4.0 to 5.....	55	34			25	-1
5.1 to 10.....	70	56	20	11	80	-1
10.1 to 30.....	105	86	45	25	80	-1
30.1 to 50.....	190	138	45	25	100	-3
50.1 to 75.....	240	173	45	25	100	-3
75.1 to 150.....	305	218	45	25	100	-3
150.1 to 250.....	420	300	45	25	100	-3
Transoms designed for twin motors:						
60.0 to 100.....	380	268	45	25	100	-3
100.1 to 150.....	480	328	45	25	100	-3
150.1 to 300.....	610	413	45	25	100	-3

¹ Wet in this case means submerged.

² If the boat has a permanent built-in fuel tank, the tank should be full for the test and the "full portable fuel tank weight" excluded.

[FR Doc.76-7760 Filed 3-17-76; 8:45 am]

Title 38—Pensions, Bonuses, and Veterans' Relief

CHAPTER I—VETERANS ADMINISTRATION

PART 4—SCHEDULE FOR RATING DISABILITIES

Updating the Schedule for Rating Disabilities

On page 4023 of the FEDERAL REGISTER of January 28, 1976, there was published a notice of proposed regulatory development to amend Part 4, Title 38, Code of Federal Regulations, to update the Schedule for Rating Disabilities to reflect increased evaluations for lupus erythematosus, phlebitis or thrombophlebitis, cirrhosis and abscess of the liver, ventral hernia and postoperative wounds and fistula of the urethra. In addition, new rating codes and criteria have been established for new growths, both malignant and benign, of the muscles and for vagotomy with pyloroplasty or gastroenterostomy. Also, the criteria for intervertebral disc syndrome, tinnitus and intermittent claudication have been revised.

Interested persons were given 30 days in which to submit comments, suggestions or objections regarding the proposed regulations.

Four comments, all of which were dated prior to February 27, 1976, have been received.

One comment was received which suggests amending §§ 4.10 and 4.27 by including psychologists as individuals qualified to perform disability evaluation examinations. This suggestion was not accepted and the writer was informed that the rating schedule is primarily an instrument for evaluation and that it is not thought to be a proper repository for listing those qualified to perform examinations.

One comment suggests changes in the instructional material contained in § 4.1 through 4.24, particularly with respect to accepting statements from physicians and fellow workers for purposes of evaluating disability. Such evidence has always been acceptable, but it must be considered together with all other evi-

dence of record including Veterans Administration examinations.

One comment was received which recommended that lumbosacral strain be eliminated from the rating schedule as not representing a clinical or pathological entity. Also, that splenectomy and removal of uterus and ovaries or both in post-menopausal women be eliminated from the rating schedule since these conditions leave no residual disability. Further, there is no logical reason for giving special monthly compensation for loss of, or loss of use of, a creative organ in a female past the child bearing age and that age limits should be established pertaining to the foregoing compensation. These recommendations were not accepted. Lumbosacral strain continues to be considered a diagnostic entity and appears in the current medical literature such as Harrison's Principles of Internal Medicine, 7th Edition, 1974. Further, there were over 3000 claims in which a definitive diagnosis of lumbosacral strain was made and service connection established in the past year. We do not have adequate current data on which to premise rating schedule changes for splenectomy and removal of female organs. These disabilities will receive continuing study along with all other aspects of the rating schedule. Special monthly compensation for loss of use of creative organs is predicated upon statute, hence the Veterans Administration is without authority to effectuate changes in this area.

One comment was received which seeks to eliminate § 4.23 as being suggestive of an inherent hostility among veterans and pre-sets the attitude of interviewers. This suggestion was not accepted. § 4.23 is essential to the protection of the rights of the claimant and is placed in the rating schedule as a constant reminder to rating officials that it is their obligation to assist claimants, without getting involved in conflict, in developing facts pertinent to their claims and to render with a fair and impartial mind a decision that grants the claimant every benefit to which he or she is entitled under the law.

Since no other comments have been received, the proposed regulations are

hereby adopted without change and are set forth below.

Effective dates. An amendment to Appendix A, Table of Amendments and Effective Dates since 1946, is added to include effective dates.

The effective date is March 10, 1976.

Approved: March 10, 1976.

[SEAL] RICHARD L. ROUDEBUSH,
Administrator.

APPENDIX A

TABLE OF AMENDMENTS AND EFFECTIVE DATES SINCE 1946

1. Section 4.29 is revised to read as follows:

4.29 Introductory portion preceding paragraph (a); March 1, 1963.

Paragraph (a) "first day of continuous hospitalization"; April 8, 1959.

Paragraph (a) "terminated last day of month"; December 1, 1962.

Paragraph (a) penultimate sentence; November 13, 1970.

Paragraph (b); April 8, 1959.

Paragraph (c); August 16, 1948.

Paragraph (d); August 16, 1948.

Paragraph (e); April 8, 1959.

NOTE: Application of this section to psychoneurotic and psychophysiological disorders effective October 1, 1961.

2. Section 4.30 is revised to read as follows:

4.30 Introductory portion preceding paragraph (a); July 6, 1950.

Paragraph (a); June 9, 1952.

Paragraph (b); June 9, 1952.

Paragraph (c); June 9, 1952. Effective as to outpatient treatment March 10, 1976. Last paragraph; March 2, 1960.

3. Section 4.71a is revised to read as follows:

4.71a Diagnostic Code 5000—60%; February 1, 1962.

Diagnostic Code 5000 Note (2):

First three sentences; July 10, 1956.

Last sentence; July 6, 1950.

Diagnostic Code 5002—100%, 60%, 40%, 20%; March 1, 1963.

Diagnostic Code 5003; July 6, 1950.

Diagnostic Code 5012—Note; March 10, 1976.

In sentence following DC 5024: "except gout which will be rated under 5002"; March 1, 1963.

Diagnostic Code 5164—60%; June 9, 1952.

Diagnostic Code 5172; July 6, 1950.

Diagnostic Code 5173; June 9, 1952.

Diagnostic Code 5174; September 9, 1975.

Diagnostic Code 5255 "or hip"; July 6, 1950.

Diagnostic Code 5257—Evaluations; July 6, 1950.

Diagnostic Code 5264; September 9, 1975.

Diagnostic Code 5297—(Removal of one rib) "or resection of 2 or more"; August 23, 1948.

Diagnostic Code 5297—Note (2):

Reference to lobectomy, pneumonectomy and graduated ratings; February 1, 1962.

Diagnostic Code 5298; August 23, 1948.

4. Section 4.73 is revised to read as follows:

4.73 Diagnostic Code 5324; February 1, 1962.

Diagnostic Code 5327; March 10, 1976.

Diagnostic Code 5328; March 10, 1976.

5. Section 4.84a is revised to read as follows:

4.84a Diagnostic Code 6029—Note; August 23, 1948.

Diagnostic Code 6035; September 9, 1975.
 Diagnostic Code 6076—60%: Vision 1 eye 15/200 and other eye 20/100; August 23, 1948.
 Diagnostic Code 6080—Note—"as to 38 U.S.C. 314(L)"; July 6, 1950.
 Diagnostic Code 6081—Words "unilateral", "minimal" and all of Note; March 10, 1976.

6. Section 4.84b is revised to read as follows:

4.84b Diagnostic Code 6260—As to tinnitus due to arteriosclerosis.
 DC 8046; October 1, 1961.
 10% Evaluation and Criterion; March 10, 1976.

7. Section 4.86a is added to read as follows:

4.86a March 23, 1956.

8. Section 4.87 is revoked.

4.87 [Removed]

9. Section 4.88a is revised to read as follows:

4.88a Diagnostic Code 6304—Notes (1) and (2); August 23, 1948.
 Diagnostic Code 6309; March 1, 1963.
 Diagnostic Code 6350; 80% Evaluation and Criterion for 60% and 30% Evaluations; March 10, 1976. Other Evaluations and Note; March 1, 1963.

10. Section 4.97 is revised to read as follows:

4.97 Diagnostic Code 6600—100% Evaluations and Criteria for 60%; September 9, 1975.

Diagnostic Code 6602—Criteria for all Evaluations and Note; September 9, 1975.
 Diagnostic Code 6603; September 9, 1975.
 Second note following Diagnostic Code 6724; December 1, 1949.

Diagnostic Code 6802—Criteria for all Evaluations; September 9, 1975.

Diagnostic Code 6819—Note; March 10, 1976.

Diagnostic Code 6821—Evaluations and Note; August 23, 1948.

11. Section 4.104 is revised to read as follows:

4.104 Diagnostic Code 7000—30%; July 6, 1950.

Diagnostic Code 7005—100% Evaluation for Chronic Residuals; September 9, 1975.

Diagnostic Code 7015—100% Evaluation, Criteria for All Evaluations and Notes (1) and (2); September 9, 1975.

Diagnostic Code 7016; September 9, 1975.

Diagnostic Code 7100—20%; July 6, 1950.

Diagnostic Code 7101 "or more"; September 1, 1960.

Diagnostic Code 7101—Note (2); September 9, 1975.

Diagnostic Code 7110—Criteria for 100% Note and 60% and 20% Evaluations; September 9, 1975.

Diagnostic Code 7111—Note; September 9, 1975.

Diagnostic Codes 7114, 7115, 7116 and Note; June 9, 1952.

Diagnostic Code 7117 and Note; June 9, 1952.

Note following Diagnostic Code 7120; July 6, 1950.

Diagnostic Code 7121—100% Criterion and Evaluation and 60% Criterion; March 10, 1976. Criteria for 30% and 10% and Note; July 6, 1950.

Last sentence of Note following Diagnostic Code 7122; July 6, 1950.

12. Section 4.114 is revised to read as follows:

4.114 Diagnostic Codes 7304 and 7305—Evaluations; November 1, 1962.

Diagnostic Code 7308—Evaluations; April 8, 1959.

Diagnostic Code 7312—70% Evaluation and 50% Evaluation and Criterion; March 10, 1976.

Diagnostic Code 7313—20% Evaluation; March 10, 1976.

Diagnostic Code 7319—Evaluations; November 1, 1962.

Diagnostic Code 7321—Evaluations and Note; July 6, 1950.

Diagnostic Code 7328—Evaluations and Note; November 1, 1962.

Diagnostic Code 7329—Evaluations and Note; November 1, 1962.

Diagnostic Code 7330—60% Evaluation; November 1, 1962.

Diagnostic Code 7332—60% Evaluation; November 1, 1962.

Diagnostic Code 7334—50% and 30% Evaluations; July 6, 1950.

Diagnostic Code 7334—10% Evaluation; November 1, 1962.

Diagnostic Code 7339—Criterion for 20% Evaluation; March 10, 1976.

Diagnostic Code 7343—Note; March 10, 1976.

Diagnostic Code 7345—100%, 60% and 30% Evaluations; August 23, 1948.

Diagnostic Code 7345—10% Evaluation; February 17, 1955.

Diagnostic Code 7346—Evaluations; February 1, 1962.

Diagnostic Code 7347; September 9, 1975.

Diagnostic Code 7348; March 10, 1976.

13. Section 4.115a is revised to read as follows:

4.115a Diagnostic Code 7500—Note; July 6, 1950.

Diagnostic Code 7519—20%, 40% and 60% Evaluations; March 10, 1976.

Diagnostic Code 7524—Note; July 6, 1950.

Diagnostic Code 7528—Note; March 10, 1976.

Diagnostic Code 7530; September 9, 1975.

Diagnostic Code 7531; September 9, 1975.

14. Section 4.116a is added to read as follows:

4.116a Diagnostic Code 7627—Note; March 10, 1976.

15. Section 4.117 is revised to read as follows:

4.117 Diagnostic Code 7703—Evaluations; August 23, 1948.

Diagnostic Code 7709—Note; March 10, 1976. Evaluations; June 9, 1952.

Diagnostic Code 7714; September 9, 1975.

16. Section 4.119 is revised to read as follows:

4.119 Diagnostic Code 7911—Evaluations and Note; March 1, 1963.

Diagnostic Code 7913—Note; September 9, 1975.

Diagnostic Code 7914—Note; March 10, 1976.

17. Sections 4.125-4.132 are revised to read as follows:

4.125-4.132 All Diagnostic Codes under Mental Disorders; October 1, 1961, except as to evaluation for Diagnostic Codes 9500 through 9511; September 9, 1975.

1. Sections 4.1 and 4.2 are revised to read as follows:

§ 4.1 Essentials of evaluative rating.

This rating schedule is primarily a guide in the evaluation of disability resulting from all types of diseases and injuries encountered as a result of or incident to military service. The percentage ratings represent as far as can practically be determined the average impairment in earning capacity resulting from such diseases and injuries and their residual conditions in civil occupations. Generally, the degrees of disability specified are considered adequate to compensate for considerable loss of working time from exacerbations or illnesses proportionate to the severity of the several grades of disability. For the application of this schedule, accurate and fully descriptive medical examinations are required, with emphasis upon the limitation of activity imposed by the disabling condition. Over a period of many years, a veteran's disability claim may require reratings in accordance with changes in laws, medical knowledge and his or her physical or mental condition. It is thus essential, both in the examination and in the evaluation of disability, that each disability be viewed in relation to its history.

§ 4.2 Interpretation of examination reports.

Different examiners, at different times, will not describe the same disability in the same language. Features of the disability which must have persisted unchanged may be overlooked or a change for the better or worse may not be accurately appreciated or described. It is the responsibility of the rating specialist to interpret reports of examination in the light of the whole recorded history, reconciling the various reports into a consistent picture so that the current rating may accurately reflect the elements of disability present. Each disability must be considered from the point of view of the veteran working or seeking work. If a diagnosis is not supported by the findings on the examination report or if the report does not contain sufficient detail, it is incumbent upon the rating board to return the report as inadequate for evaluation purposes.

2. Sections 4.9 and 4.10 are revised to read as follows:

§ 4.9 Congenital or developmental defects.

Mere congenital or developmental defects, absent, displaced or supernumerary parts, refractive error of the eye, personality disorder and mental deficiency are not diseases or injuries in the meaning of applicable legislation for disability compensation purposes.

§ 4.10 Functional impairment.

The basis of disability evaluations is the ability of the body as a whole, or of the psyche, or of a system or organ of the body to function under the ordinary conditions of daily life including employment. Whether the upper or lower ex-

tremities, the back or abdominal wall, the eyes or ears, or the cardiovascular, digestive, or other system, or psyche are affected, evaluations are based upon lack of usefulness, of these parts or systems, especially in self-support. This imposes upon the medical examiner the responsibility of furnishing, in addition to the etiological, anatomical, pathological, laboratory and prognostic data required for ordinary medical classification, full description of the effects of disability upon the person's ordinary activity. In this connection, it will be remembered that a person may be too disabled to engage in employment although he or she is up and about and fairly comfortable at home or upon limited activity.

3. Section 4.21 is revised to read as follows:

§ 4.21 Application of rating schedule.

In view of the number of atypical instances it is not expected, especially with the more fully described grades of disabilities, that all cases will show all the findings specified. Findings sufficiently characteristic to identify the disease and the disability therefrom, and above all, coordination of rating with impairment of function will, however, be expected in all instances.

4. Sections 4.23, 4.24 and 4.25 are revised to read as follows:

§ 4.23 Attitude of rating officers.

It is to be remembered that the majority of applicants are disabled persons who are seeking benefits of law to which they believe themselves entitled. In the exercise of his or her functions, rating officers must not allow their personal feelings to intrude; an antagonistic, critical, or even abusive attitude on the part of a claimant should not in any instance influence the officers in the handling of the case. Fairness and courtesy must at all times be shown to applicants by all employees whose duties bring them in contact, directly or indirectly, with the Administration's claimants.

§ 4.24 Correspondence.

All correspondence relative to the interpretation of the schedule for rating disabilities, requests for advisory opinions, questions regarding lack of clarity or application to individual cases involving unusual difficulties, will be addressed to the Director, Compensation and Pension Service. A clear statement will be made of the point or points upon which information is desired, and the complete case file will be simultaneously forwarded to Central Office. Rating agencies will assure themselves that the recent report of physical examination presents an adequate picture of the claimant's condition. Claims in regard to which the schedule evaluations are considered inadequate or excessive, and errors in the schedule will be similarly brought to attention.

§ 4.25 Combined ratings table.

Table I, Combined Ratings Table, results from the consideration of the efficiency of the individual as affected first by the most disabling condition, then by the less disabling condition, then by other less disabling conditions, if any, in the order of severity. Thus, a person having a 60 percent disability is considered 40 percent efficient. Proceeding from this 40 percent efficiency, the effect of a further 30 percent disability is to leave only 70 percent of the efficiency remaining after consideration of the first disability, or 28 percent efficiency altogether. The individual is thus 72 percent disabled, as shown in table I opposite 60 percent and under 30 percent. To use table I, the disabilities will first be arranged in the exact order of their severity, beginning with the greatest disability and then combined with use of table I as herein-after indicated. For example, if there are two disabilities, the degree of one disability will be read in the left column and the degree of the other in the top row, whichever is appropriate. The figures appearing in the space where the column and row intersect will represent the combined value of the two. This combined value will then be converted to the nearest number divisible by 10, and combined values ending in 5 will be adjusted upward. Thus, with a 50 percent disability and a 30 percent disability, the combined value will be found to be 65 percent, but the 65 percent must be converted to 70 percent to represent the final degree of disability. Similarly, with a disability of 40 percent, and another disability of 20 percent, the combined value is found to be 52 percent, but the 52 percent must be converted to the nearest degree divisible by 10, which is 50 percent. If there are more than two disabilities, the disabilities will also be arranged in the exact order of their severity and the combined value for the first two will be found as previously described for two disabilities. This combined value, exactly as found in table I will be combined with the degree of the third disability (in order of severity). The combined value for the three disabilities will be found in the space where the column and row intersect, and if there are only three disabilities will be converted to the nearest degree divisible by 10; adjusting final 5's upward. Thus, if there are three disabilities ratable at 60 percent, 40 percent, and 20 percent, respectively, the combined value for the first two will be found opposite 60 and under 40 and is 76 percent. This 76 will be combined with 20 and the combined value for the three is 81 percent. This combined value will be converted to the nearest degree divisible by 10 which is 80 percent. The same procedure will be employed when there are four or more disabilities. (See table I.)

5. The combined ratings table immediately following § 4.25 is redesignated Table I, Combined Ratings Table. This table without change reads as follows:

TABLE I
COMBINED RATINGS TABLE
(10 combined with 10 is 19)

	10	20	30	40	50	60	70	80	90
19.	27	37	43	51	60	68	76	84	92
20.	38	50	57	65	73	81	89	97	
21.	29	37	45	53	61	68	76	84	92
22.	39	58	43	53	61	60	77	81	92
23.	31	38	46	54	62	69	77	85	90
24.	32	39	47	54	62	70	77	85	90
25.	33	40	48	55	63	70	78	85	90
26.	33	41	48	56	63	70	78	85	90
27.	34	42	49	56	64	71	78	85	90
28.	35	42	50	57	64	71	78	86	90
29.	36	43	50	57	65	72	79	86	90
30.	37	44	51	58	65	72	79	86	90
31.	38	45	52	59	66	73	79	86	90
32.	39	46	53	60	66	73	80	86	90
33.	40	48	55	60	67	73	80	87	90
34.	41	47	54	60	67	74	80	87	90
35.	42	48	55	61	68	74	81	87	90
36.	42	49	55	62	68	74	81	87	90
37.	43	50	56	62	69	75	81	87	90
38.	44	50	57	63	69	75	81	88	90
39.	45	51	57	63	70	76	82	88	90
40.	46	52	58	64	70	76	82	88	90
41.	47	53	59	65	71	76	82	88	90
42.	48	54	59	65	71	77	83	88	90
43.	49	54	60	66	72	77	83	89	90
44.	50	55	61	67	72	78	83	89	90
45.	51	56	62	67	73	78	84	89	90
46.	51	57	62	68	73	78	84	89	90
47.	52	58	63	68	74	79	84	89	90
48.	53	58	64	69	74	79	84	90	90
49.	54	59	64	70	75	80	85	90	90
50.	55	60	65	70	75	80	85	90	90
51.	56	61	66	71	76	80	85	90	90
52.	57	62	66	71	76	81	86	90	90
53.	58	62	67	72	77	81	86	91	90
54.	58	63	68	72	77	82	86	91	90
55.	60	64	69	73	78	82	87	91	90
56.	60	65	69	74	78	82	87	91	90
57.	61	66	70	74	79	83	87	91	90
58.	62	66	71	75	79	83	87	92	90
59.	63	67	71	75	80	84	88	92	90
60.	64	68	72	76	80	84	88	92	90
61.	65	69	73	77	81	84	88	92	90
62.	66	70	73	77	81	85	89	92	90
63.	67	70	74	78	82	85	89	93	90
64.	68	71	75	78	82	86	90	93	90
65.	69	72	76	79	83	86	90	93	90
66.	69	73	76	80	83	86	90	93	90
67.	70	74	77	80	84	87	90	93	90
68.	71	74	78	81	84	87	90	94	90
69.	72	75	78	81	85	88	91	94	90
70.	73	76	79	82	85	88	91	94	90
71.	74	77	80	83	86	89	91	94	90
72.	75	78	81	84	87	90	92	94	90
73.	76	79	81	84	87	89	92	95	90
74.	77	79	82	84	87	90	92	95	90
75.	78	80	83	85	88	90	93	95	90
76.	78	81	83	86	88	90	93	95	90
77.	78	82	84	86	89	91	93	95	90
78.	80	82	85	87	89	91	93	96	90
79.	81	83	85	87	90	92	94	96	90
80.	83	84	86	88	90	92	94	96	90
81.	83	85	87	89	91	93	95	96	90
82.	84	85	87	89	91	93	95	96	90
83.	85	86	88	90	92	93	95	97	90
84.	86	87	89	90	92	94	95	97	90
85.	87	88	90	91	93	94	96	97	90
86.	87	89	90	92	93	94	96	97	90
87.	88	90	91	92	94	95	96	97	90
88.	89	90	92	93	94	95	96	98	90
89.	90	91	92	93	95	96	97	98	90
90.	91	92	93	94	95	96	97	98	90
91.	92	93	94	95	96	97	98	98	90
92.	92	94	94	95	96	97	98	98	90
93.	94	94	95	96	97	97	98	98	90
94.	95	95	96	97	98	98	98	98	90

selection of the applicable code number and in its citation on the rating sheet. No other numbers than those listed or hereafter furnished are to be employed for rating purposes, with an exception as described in this section, as to unlisted conditions. When an unlisted disease, injury, or residual condition is encountered, requiring rating by analogy, the diagnostic code number will be "built-up" as follows: The first 2 digits will be selected from that part of the schedule most closely identifying the part, or system, of the body involved; the last 2 digits will be "99" for all unlisted conditions. This procedure will facilitate a close check of new and unlisted conditions, rated by analogy. In the selection of code numbers, injuries will generally be represented by the number assigned to the residual condition on the basis of which the rating is determined. With diseases, preference is to be given to the number assigned to the disease itself; if the rating is determined on the basis of residual conditions, the number appropriate to the residual condition will be added, preceded by a hyphen. Thus, rheumatoid (atrophic) arthritis rated as ankylosis of the lumbar spine should be coded "5002-5289." In this way, the exact source of each rating can be easily identified. In the citation of disabilities on rating sheets, the diagnostic terminology will be that of the medical examiner, with no attempt to translate the terms into schedule nomenclature. Residuals of diseases or therapeutic procedures will not be cited without reference to the basic disease.

7. In § 4.29, paragraph (a) is revised and paragraph (f) is added so that the revised and added material reads as follows:

§ 4.29 Ratings for service-connected disabilities requiring hospital treatment or observation.

(a) Subject to the provisions of paragraphs (d) and (e) of this section, this increased rating will be effective the first day of continuous hospitalization and will be terminated effective the last day of the month of hospital discharge (regular discharge or release to non-bed care) or effective the last day of the month of termination of treatment or observation for the service-connected disability or effective the last day of the month following release to non-bed care. A third consecutive authorized absence of 14 days will be regarded as the equivalent of hospital discharge and will interrupt hospitalization effective on the last day of the month in which the third 14 day period begins, except where there is a finding that convalescence is required as provided by paragraph (e) of this section. The termination of these total ratings will not be subject to § 3.105(e) of this chapter.

(f) Meritorious claims of veterans who are discharged from the hospital with less than the required number of days but need posthospital care and a prolonged period of convalescence will be re-

ferred to the Director, Compensation and Pension Service, under § 3.321(b) of this Chapter.

8. Section 4.30 is revised to read as follows:

§ 4.30 Convalescent ratings.

Subject to Veterans Administration regulations governing effective dates for increased benefits, where the report at hospital discharge indicates entitlement under paragraphs (a), (b), or (c) of this section, a total rating (100 percent) will be granted following hospital discharge (regular discharge or release to non-bed care), effective from the date of hospital admission and continuing for a period of 1, 2, or 3 months from the first day of the month following such hospital discharge. These total ratings will be granted if the hospital treatment of the service-connected disability resulted in:

(a) Surgery necessitating posthospital convalescence. The initial grant of a total rating will be limited to 1 month, with one or two extensions of periods of 1 month each in exceptional cases.

(b) Surgery with severe postoperative residuals shown at hospital discharge, such as incompletely healed surgical wounds, stumps of recent amputations, therapeutic immobilization of one major joint or more, application of a body cast, or the necessity for house confinement, or the necessity for continued use of a wheelchair or crutches (regular weight-bearing prohibited). Initial grants may be for 1, 2, or 3 months.

(c) Immobilization by cast, without surgery, of one major joint or more shown at hospital discharge or performed on an outpatient basis. Initial grants may be for 1, 2, or 3 months.

If the hospitalization is in excess of 21 days, the provisions of § 4.29 are for consideration. A reduction in the total rating will not be subject to § 3.105(e). The total rating will be followed by an open rating reflecting the appropriate schedular evaluation; where the evidence is inadequate to assign the schedular evaluation, a physical examination will be scheduled prior to the end of the total rating period. A total rating under this section will require full justification on the rating sheet. Extensions of periods of 1, 2, or 3 months beyond the initial 3 months may be made under paragraphs (b) or (c) of this section.

9. Section 4.46 is revised to read as follows:

§ 4.46 Accurate measurement.

Accurate measurement of the length of stumps, excursion of joints, dimensions and location of scars with respect to landmarks, should be insisted on. The use of a goniometer in the measurement of limitation of motion is indispensable in examinations conducted within the Veterans Administration. Muscle atrophy must also be accurately measured and reported.

§ 4.65 [Revoked]

10. Section 4.65 is revoked.

11. In § 4.71a, the following changes are made: (1) diagnostic codes 5002 (For

chronic residuals only), 5003 (except Notes (1) and (2)), 5012, 5104, 5105, 5275, 5293, 5294, 5295 and 5296 are revised; (2) paragraph (e) following diagnostic code 5151 and paragraph (b) following diagnostic code 5223 are revised; (3) diagnostic codes 5100, 5101, 5102 and 5103 are revoked; and (4) Plate III, Bones of the Hand, is added immediately following diagnostic code 5156 and Plate IV, Bones of the Foot, is added immediately following diagnostic code 5174.

§ 4.71a Schedule of ratings—musculo-skeletal system.

ACUTE, SUBACUTE, OR CHRONIC DISEASES

5002	Arthritis, rheumatoid (atrophic).	Rating
------	--------------------------------------	--------

For chronic residuals:

For residuals such as limitation of motion or ankylosis, favorable or unfavorable, rate under the appropriate diagnostic codes for the specific joints involved. Where, however, the limitation of motion of the specific joint or joints involved is non-compensable under the codes a rating of 10 percent is for application for each such major joint or group of minor joints affected by limitation of motion, to be combined, not added under diagnostic code 5002. Limitation of motion must be objectively confirmed by findings such as swelling, muscle spasm, or satisfactory evidence of painful motion.

NOTE. The ratings for the active process will not be combined with the residual ratings for limitation of motion or ankylosis. Assign the higher evaluation.

5003	Arthritis, degenerative (hypertrophic or osteoarthritis): Degenerative arthritis established by X-ray findings will be rated on the basis of limitation of motion under the appropriate diagnostic codes for the specific joint or joints involved. Where, however, the limitation of motion of the specific joint or joints involved is non-compensable under the appropriate diagnostic codes, a rating of 10 percent is for application for each such major joint or group of minor joints affected by limitation of motion, to be combined, not added under diagnostic code 5003. Limitation of motion must be objectively confirmed by findings such as swelling, muscle spasm, or satisfactory evidence of painful motion. In the absence of limitation of motion, rate as below:
------	---

5003	Arthritis—Continued	Rating
	With X-ray evidence of involvement of 2 or more major joints or 2 or more minor joint groups, with occasional incapacitating exacerbations	20
	With X-ray evidence of involvement of 2 or more major joints or 2 or more minor joint groups	10

SINGLE FINGER AMPUTATIONS

5012	Bones, new growths of, malignant	100
------	----------------------------------	-----

NOTE. The 100 percent rating will be continued for 1 year following the cessation of surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure. At this point, if there has been no local recurrence or metastases, the rating will be made on residuals.

COMBINATIONS OF DISABILITIES		
5100	[Revoked]	
5101	[Revoked]	
5102	[Revoked]	
5103	[Revoked]	
5104	Anatomical loss of one hand and loss of use of one foot	100
5105	Anatomical loss of one foot and loss of use of one hand	100

¹ Entitled to special monthly compensation.

MULTIPLE FINGER AMPUTATIONS

		Rating
		Major Minor
5151	Ring and little	30 20

(e) Combinations of finger amputations at various levels, or finger amputations with ankylosis or limitation of motion of the fingers will be rated on the basis of the grade of disability; i.e., amputation, unfavorable ankylosis, most representative of the levels or combinations. With an even number of fingers involved, and adjacent grades of disability, select the higher of the two grades.

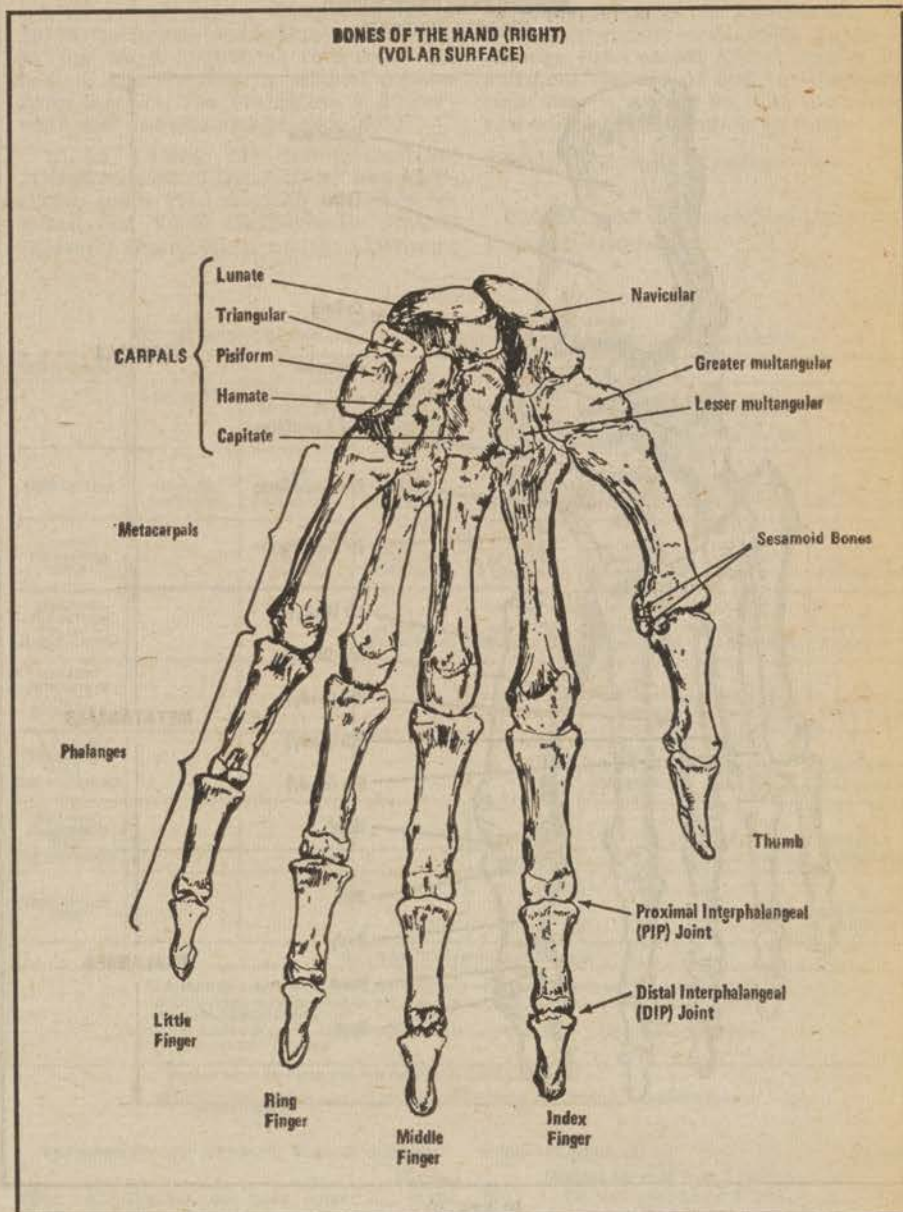


PLATE III

AMPUTATIONS: LOWER EXTREMITY

THE SPINE

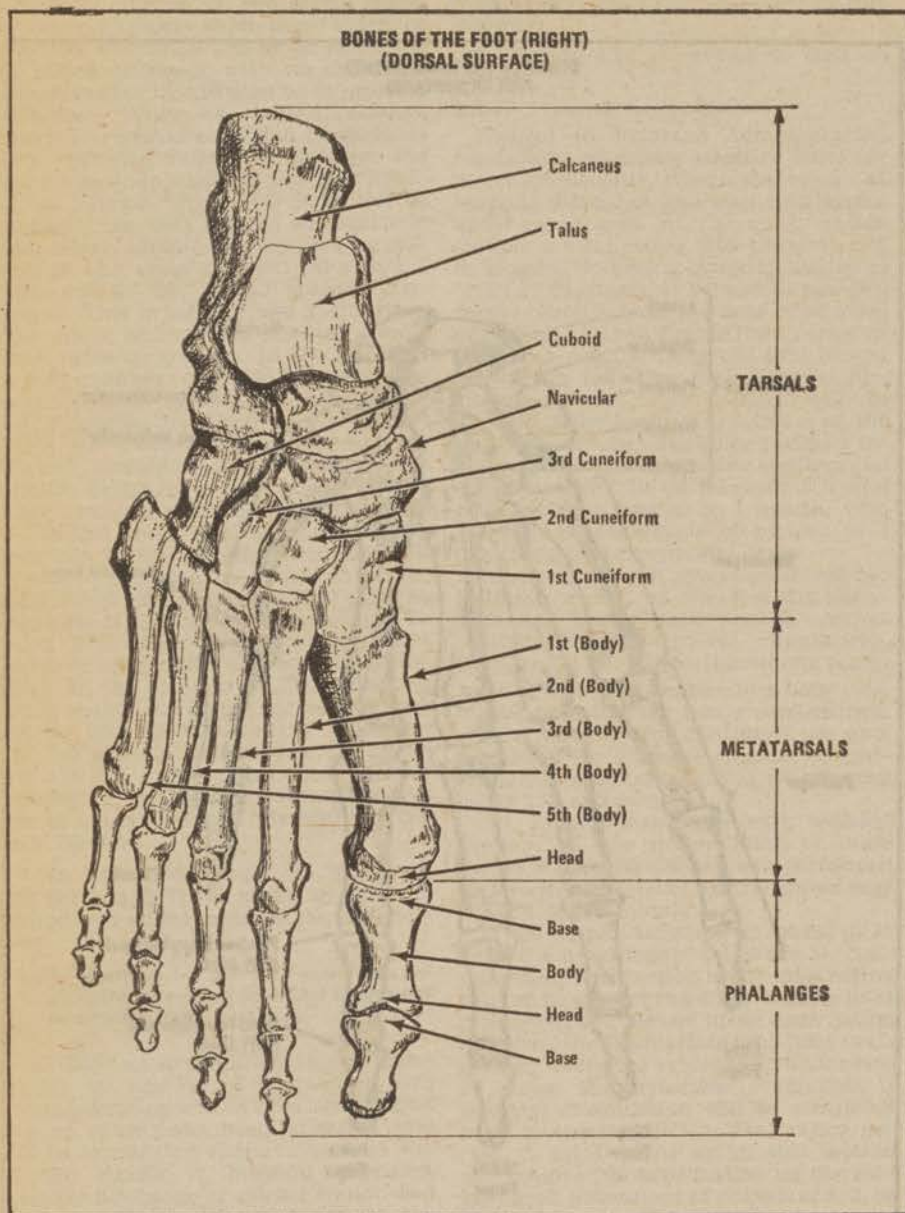


PLATE IV

MULTIPLE FINGERS: FAVORABLE ANKYLOSIS

SHORTENING OF THE LOWER EXTREMITY

5223 Two digits of one hand, favorable ankylosis of:

(b) Combinations of finger amputations at various levels, or of finger amputations with ankylosis or limitation of motion of the fingers will be rated on the basis of the grade of disability, i.e., amputation, unfavorable ankylosis, or favorable ankylosis, most representative of the levels or combinations. With an even number of fingers involved, and adjacent grades of disability, select the higher of the two grades.

5275 Bones, of the lower extremity, shortening of:

	Rating
Over 4 in.	60
3½ to 4 in.	50
3 to 3½ in.	40
2½ to 3 in.	30
2 to 2½ in.	20
1½ to 2 in.	10

* Also entitled to special monthly compensation.

NOTE. Measure both lower extremities from anterior superior spine of the ilium to the internal malleolus of the tibia. Not to be combined with other ratings for fracture or faulty union in the same extremity.

5293 Intervertebral disc syndrome:

Pronounced; with persistent symptoms compatible with sciatic neuropathy with characteristic pain and demonstrable muscle spasm, absent ankle jerk, or other neurological findings appropriate to site of diseased disc, little intermittent relief

Severe; recurring attacks, with intermittent relief

Moderate; recurring attacks

Mild

Postoperative, cured

5294 Sacro-iliac injury and weakness

5295 Lumbosacral strain:

Severe; with listing of whole spine to opposite side, positive Goldthwaite's sign, marked limitation of forward bending in standing position, loss of lateral motion with osteo-arthritis changes, or narrowing or irregularity of joint space, or some of the above with abnormal mobility on forced motion

With muscle spasm on extreme forward bending, loss of lateral spine motion, unilateral, in standing position

With characteristic pain on motion

With slight subjective symptoms only

THE SKULL

5296 Skull, loss of part of, both inner and outer tables:

With brain hernia

Without brain hernia:

Area larger than size of a 50-cent piece or 1.140 in² (7.355 cm²)

Area intermediate

Area smaller than the size of a 25-cent piece or 0.716 in² (4.619 cm²)

NOTE. Rate separately for intracranial complications.

12. In § 4.73, diagnostic codes 5301 and 5310 (Dorsal only) are corrected and diagnostic codes 5327 and 5328 are added so that the corrected and added codes read as follows:

§ 4.73 Schedule of ratings—muscle injuries.

THE SHOULDER GIRDLE AND ARM

Rating
Major Minor

5301 Group I. Extrinsic muscles of shoulder girdle.

(1) Trapezius; (2) levator scapulae; (3) serratus magnus. (Function: Upward rotation of scapula. Elevation of arm above shoulder level.)

Severe	40	30
Moderately severe	30	20
Moderate	10	10
Slight	0	0

THE FOOT AND LEG

Rating

- 5310 Group X.
- Dorsal: (1) Extensor hallucis brevis; (11) extensor digitorum brevis; (2) dorsal interossei (4). Other important dorsal structures: Cruciate crural, deltoid and other ligaments. Tendons of long extensors of toes and peronei muscles.
- Severe 20
- Moderately severe 10
- Moderate 10
- Slight 0

NOTE. Minimum rating for through and through wounds of the foot 10

THE TORSO AND NECK

- 5327 Muscle, new growth of, malignant 100
- NOTE. The 100 percent rating will be continued for 1 year following the cessation of surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure. At this point, if there has been no local recurrence or metastases, the rating will be made on residuals.
- 5328 Muscle, new growth, benign, postoperative: Rate on basis of impairment of function, i.e., limitation of motion, or scars, diagnostic code 7805, etc.

§ 4.82 [Revoked]

13. Section 4.82 is revoked.
14. Section 4.83 is revised to read as follows:

§ 4.83 Ratings at scheduled steps and distances.

In applying the ratings for impairment of visual acuity, a person not having the ability to read at any one of the scheduled steps or distances, but reading at the next scheduled step or distance, is to be rated as reading at this latter step or distance. That is, a person who can read at 20/70 but who cannot at 20/100, should be rated as seeing at 20/100.

15. Section 4.83a is added to read as follows:

§ 4.83a Impairment of central visual acuity.

The percentage evaluation will be found from table III by intersecting the horizontal row appropriate for the Snellen index for one eye and the verti-

cal column appropriate to the Snellen index of the other eye. For example, if one eye has a Snellen index of 5/200 and the other eye has a Snellen index of 20/70, the percentage evaluation is found in the third horizontal row from the bottom and the fourth vertical column from the left. The evaluation is 50 percent and the diagnostic code 6073.

16. In § 4.84a, (1) the centerhead "Combinations of Disabilities" and diagnostic codes 6050 through 6062 are revoked and Table II, Table for Rating Bilateral Blindness, is added; (2) under

"Impairment of Central Visual Acuity", new diagnostic codes 6061 and 6062 are added and diagnostic codes 6064 and 6071 are revised; (3) immediately following diagnostic code 6079, Table III, Ratings for Central Visual Acuity Impairment" is added; and (4) diagnostic code 6081 is revised so that the revised and added material reads as follows:

§ 4.84a Schedule of ratings—eye.

COMBINATIONS OF DISABILITIES [DELETED]
6050-6062 [Revoked]

TABLE II
TABLE FOR RATING BILATERAL BLINDNESS
WITH DICTATOR'S RATING CODE AND SECTIONS OF THE CODE OF FEDERAL REGULATIONS

VISION ONE EYE	VISION OTHER EYE					
	5/200 OR LESS	LIGHT PERCEPTION ONLY	NO LIGHT PERCEPTION PLUS PHTHISIS BULBI	NO LIGHT PERCEPTION PLUS DEFORMITY	NO LIGHT PERCEPTION PLUS DISFIGUREMENT	NO LIGHT PERCEPTION PLUS EVISCERATION
5/200 OR LESS	L* CODE 100 § 3,350(f)(2)	L+M* CODE 280 § 3,350(f)(2)(i)	M CODE 288 § 3,350(f)(2)(ii)	M CODE 288 § 3,350(f)(2)(iv)	M CODE 289 § 3,350(f)(2)(iv)	M CODE 287 § 3,350(f)(2)(d)
LIGHT PERCEPTION ONLY		M CODE 210 § 3,350(c)	M+M CODE 298 § 3,350(f)(2)(iii)	M+M CODE 288 § 3,350(f)(2)(iv)	M+M CODE 289 § 3,350(f)(2)(iv)	M+M CODE 297 § 3,350(f)(2)(d)
NO LIGHT PERCEPTION PLUS PHTHISIS BULBI			N CODE 305 § 3,350(f)(2)(b)	N SEE NOTE § 3,350(f)(2)(b)	N SEE NOTE § 3,350(f)(2)(b)	N SEE NOTE § 3,350(f)(2)(b)
NO LIGHT PERCEPTION PLUS DEFORMITY				N CODE 307 § 3,350(f)(2)(b)	N SEE NOTE § 3,350(f)(2)(b)	N SEE NOTE § 3,350(f)(2)(b)
NO LIGHT PERCEPTION PLUS DISFIGUREMENT					N CODE 308 § 3,350(f)(2)(b)	N SEE NOTE § 3,350(f)(2)(b)
NO LIGHT PERCEPTION PLUS EVISCERATION						N CODE 306 § 3,350(f)(2)(b)
ANATOMICAL LOSS						N CODE 223 § 3,350(d)

BILATERAL BLINDNESS WITH DEAFNESS

Any of the above plus service connected total deafness one ear add 1/2 rate (limit 0) code 322—§ 3,350(f)(2)(v)(a)

Any of the above plus bilateral deafness, 40% or more, at least one ear service connected add full step (Limit 0) code 323—§ 3,350(f)(2)(v)(b)

Any of the above plus service connected deafness, 60% or more, at least one ear service connected qualifies for Subpart O code 231—§ 3,350(e)

* With need for aid and attendant qualifies for Subpart M code 211—§ 3,350(a)

NOTE: No specific dictators rating code provided, code 305 through code 308 should be modified to fit the condition shown.

IMPAIRMENT OF CENTRAL VISUAL ACUITY

- 6061 Anatomical loss both eyes Rating
6062 Blindness in both eyes having only light perception * 100
Anatomical loss of one eye * 100
- 6064 In the other eye 10/200 * 60

6064—Continued

- 6071 Vision in one eye 5/200 Ratings
In the other eye 5/200 * 100
- * Also entitled to special monthly compensation.
- * Add 10 percent if artificial eye cannot be worn; also entitled to special monthly compensation.

TABLE III
RATINGS FOR CENTRAL VISUAL ACUITY IMPAIRMENT
(With Diagnostic Code)

VISION IN ONE EYE	VISION IN OTHER EYE								LIGHT PERCEPTION ONLY/ANATOMICAL LOSS
	20/40	20/50	20/70	20/100	20/200	15/200	10/200	5/200	
20/40	0								
20/50	10 (6079)	10 (6078)							
20/70	10 (6079)	20 (6078)	30 (6078)						
20/100	10 (6079)	20 (6078)	30 (6078)	50 (6078)					
20/200	20 (6077)	30 (6076)	40 (6076)	60 (6076)	70 (6075)				
15/200	20 (6077)	30 (6076)	40 (6076)	60 (6076)	70 (6075)	80 (6075)			
10/200	30 (6077)	40 (6076)	50 (6076)	60 (6076)	70 (6075)	80 (6075)	90 (6075)		
5/200	30 (6074)	40 (6073)	50 (6073)	60 (6073)	70 (6072)	80 (6072)	90 (6072)	5 ₁₀₀ (6071)	
LIGHT PERCEPTION ONLY	5 ₃₀ (6070)	5 ₄₀ (6069)	5 ₅₀ (6069)	5 ₆₀ (6069)	5 ₇₀ (6068)	5 ₈₀ (6068)	5 ₉₀ (6068)	5 ₁₀₀ (6067)	5 ₁₀₀ (6062)
ANATOMICAL LOSS OF ONE EYE	6 ₄₀ (6066)	6 ₅₀ (6065)	6 ₆₀ (6065)	6 ₆₀ (6065)	6 ₇₀ (6064)	6 ₈₀ (6064)	6 ₉₀ (6064)	5 ₁₀₀ (6063)	5 ₁₀₀ (6061)

5 ALSO ENTITLED TO SPECIAL MONTHLY COMPENSATION.

6 ADD 10 PERCENT IF ARTIFICIAL EYE CANNOT BE WORN; ALSO ENTITLED TO SPECIAL MONTHLY COMPENSATION.

RATINGS FOR IMPAIRMENT OF FIELD VISION

IMPAIRMENT OF AUDITORY ACUITY

6081 Scotoma, pathological, unilateral:
Large or centrally located, minimum ----- 10
NOTE. Rate on loss of central visual acuity or impairment of field vision. Do not combine with any other rating for visual impairment.

§ 4.85 Hearing impairments, reported as a result of regional office or authorized audiology clinic examinations.

(a) If the results of controlled speech reception tests are used, the letter, A through F, designating the impairment in efficiency of each ear separately, will be ascertained from table IV. Table IV indicates six areas of impairment in efficiency. The literal designation of impaired efficiency (A, B, C, D, E, or F) will be determined by intersecting the horizontal row appropriate for percentage of discrimination and the vertical column appropriate to the speech reception decibel loss; thus, with a speech reception decibel loss of 62 db and a percentage discrimination of 72 percent the literal designation is "D"; if the speech reception decibel loss is 62 db and the percentage discrimination is 70 percent, the literal designation is "E".

17. In § 4.84b, diagnostic code is revised to read as follows:

§ 4.84b Schedule of ratings—ear.
DISEASES OF THE EAR

6260 Tinnitus:
Persistent as a symptom of head injury, concussion or acoustic trauma ----- 10
(See diagnostic code 8046)

18. Section 4.85 is revised to read as follows:

(b) The percentage evaluation will be found from table V by intersecting the horizontal row appropriate for the literal designation for the ear having the better hearing and the vertical column appropriate to the literal designation for the ear having the poorer hearing. For example, if the better ear has a literal designation of "B" and the poorer ear has a literal designation of "C", the percentage evaluation is in the second horizontal row from the bottom and in the third vertical column from the right and is 10 percent.

(c) If the results of pure tone audiometry (either pure tone air conduction or Galvanic Skin Response, GSR) are used, the equivalent literal designation for each ear, separately, will be ascertained from table V, and the percentage evaluation determined in the same manner as for speech reception impairment in paragraph (b) of this section. For example, if the average pure tone decibel loss for the frequencies 500, 1,000, and 2,000 is not more than 57 db and there is no loss more than 70 db for any of these three frequencies, the equivalent literal designation is "C"; if in the other ear, the average is not more than 79 db, and there is no loss more than 90 db, the equivalent literal designation is "D". The percentage evaluation is therefore found in the horizontal row opposite "C", and in the vertical column under "D", and is 20 percent. Note that if in the first instance any of the 3 frequencies has a loss of more than 70 db, or in the second instance more than 90 db, the literal designation will be higher, i.e., further from "A" in the alphabetical series.

19. Section 4.87 is redesignated § 4.86a and revised and a new § 4.87 is added so that the redesignated and added material reads as follows:

§ 4.86a Conversational voice in feet.

The column and row containing entries in feet will not be used for the purpose of determining service-connection or evaluation except in the rating of those unusual cases where no other data are available. In those cases showing no loss by spoken voice on induction but showing loss by spoken voice on discharge, evaluation will be deferred pending examination by controlled speech and pure tone apparatus. In those cases showing loss for spoken voice on induction, the footage equivalents on table V will be used to determine the extent of hearing loss at induction for comparison with the results of examination by controlled speech and pure tone.

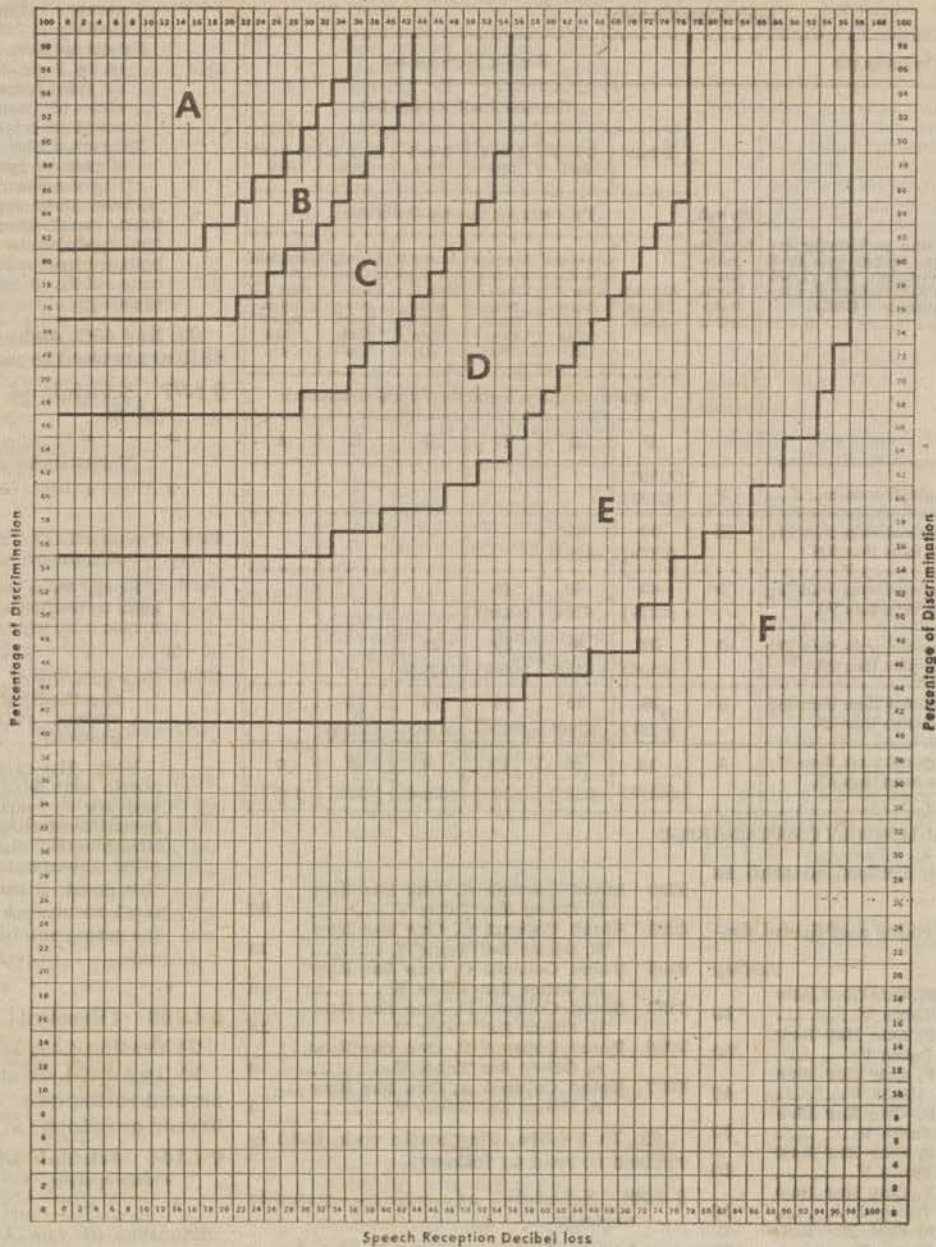
§ 4.87 Determinations of auditory acuity.

By impairment of auditory acuity is meant the organic hearing loss for speech.

20. Immediately following § 4.87, Table I is redesignated Table IV and Table II is redesignated Table V and revised as follows:

TABLE IV

Speech Reception Decibel Loss



(This chart showing the literal designation of hearing loss is based on the ISO (ANSI) norm. No interpolation is required.)

TABLE V
RATINGS FOR HEARING IMPAIRMENT
(with diagnostic code)

Hearing in better ear			Hearing in poorer ear					
Conversational	Pure tone audiometry average decibel loss at 3 frequencies: 500, 1,000 and 2,000 (either air conduction or GSR)	Speech reception impairment literal designation	Conversational voice in feet					
			0 feet	1 to 4 feet	5 to 7 feet	8 to 9 feet	10 to 14 feet	15 to 40 feet
			Pure tone audiometry decibel loss					
			Average 100 or more	Average not more than 99; none more than 105	Average not more than 79; none more than 90	Average not more than 57; none more than 70	Average not more than 45; none more than 55	Average not more than 37; none more than 45
			Speech reception impairment literal designation					
			F	E	D	C	B	A
0 feet.....	Average 100 or more.....	F	(7)80 (6277)					
1 to 4 feet.....	Average not more than 99; none more than 105	E	60 (6278)	60 (6283)				
5 to 7 feet.....	Average not more than 79; none more than 90	D	40 (6279)	40 (6284)	40 (6288)			
8 to 9 feet.....	Average not more than 57; none more than 70	C	30 (6280)	30 (6285)	20 (6289)	20 (6292)		
10 to 14 feet.....	Average not more than 45; none more than 55	B	20 (6281)	20 (6286)	20 (6290)	10 (6293)	10 (6295)	
15 to 40 feet.....	Average not more than 37; none more than 45	A	10 (6282)	10 (6287)	10 (6291)	0 (6294)	0 (6296)	0 (6297)

(7ENTITLED TO SPECIAL MONTHLY COMPENSATION.)

21. Section 4.87a is revised to read as follows:

§ 4.87a Diagnostic codes and literal designations.

	Rating
6277 Rated Column F, One Ear Row F, Other Ear Table V.....	80
6278 Rated Column F, One Ear Row E, Other Ear Table V.....	60
6279 Rated Column F, One Ear Row D, Other Ear Table V.....	40
6280 Rated Column F, One Ear Row C, Other Ear Table V.....	30
6281 Rated Column F, One Ear Row B, Other Ear Table V.....	20
6282 Rated Column F, One Ear Row A, Other Ear Table V.....	10
6283 Rated Column E, One Ear Row E, Other Ear Table V.....	60
6284 Rated Column E, One Ear Row D, Other Ear Table V.....	40
6285 Rated Column E, One Ear Row C, Other Ear Table V.....	30
6286 Rated Column E, One Ear Row B, Other Ear Table V.....	20
6287 Rated Column E, One Ear Row A, Other Ear Table V.....	10
6288 Rated Column D, One Ear Row D, Other Ear Table V.....	40
6289 Rated Column D, One Ear Row C, Other Ear Table V.....	20
6290 Rated Column D, One Ear Row B, Other Ear Table V.....	20
6291 Rated Column D, One Ear Row A, Other Ear Table V.....	10

*Entitled to special monthly compensation.

6292 Rated Column C, One Ear Row C, Other Ear Table V.....	20
6293 Rated Column C, One Ear Row B, Other Ear Table V.....	10
6294 Rated Column C, One Ear Row A, Other Ear Table V.....	0
6295 Rated Column B, One Ear Row B, Other Ear Table V.....	10
6296 Rated Column B, One Ear Row A, Other Ear Table V.....	0
6297 Rated Column A, One Ear Row A, Other Ear Table V.....	0

22. In § 4.88a, diagnostic code 6350 is revised to read as follows:

§ 4.88 Schedule of ratings—systemic diseases.

	Rating
6350 Lupus erythematosus, systemic (disseminated): (Not to be combined with ratings under diagnostic code 7809.)	
Acute with constitutional manifestations associated with serous or synovial membrane or visceral involvement or other symptom combinations, totally incapacitating.....	100
Less than totally incapacitating, but in symptom combinations productive of severe impairment of health.....	80
Chronic with frequent exacerbations and multiple joint	

6350—Continued

	Rating
and organ manifestations productive of moderately severe impairment of health.....	60
Exacerbations of a week or more 2 or 3 times a year; or symptomatology productive of moderate impairment of health.....	30
Exacerbations once or twice a year or symptomatic during the past 2 years.....	10
NOTE. Rate residuals such as joint, renal, pleural, etc., under the appropriate system, not to be combined with ratings under code 6350. Assign the higher evaluation.	

23. In § 4.97, diagnostic codes 6814 and 6819 are revised to read as follows:

§ 4.97 Schedule of ratings—respiratory system.

	Rating
* * * * *	
NONTUBERCULOUS DISEASES	
* * * * *	
6814 Pneumothorax, spontaneous, for 6 months.....	100
NOTE. Rate residuals analogous to bronchial asthma diagnostic code 6602.	
* * * * *	
6819 New growths of, malignant, any specified part of respiratory system exclusive of skin growths.....	100

NOTE. The rating under diagnostic code 6819 will be continued for 2 years following the cessation of surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure. At this point, if there has been no local recurrence or metastases, the rating will be made on residuals.

§ 4.103 [Revoked]

24. Section 4.103 is revoked.

25. In § 4.104, diagnostic codes 7116 (60 percent rating only) and 7121 are revised to read as follows:

§ 4.104 Schedule of ratings—cardiovascular system.

	Rating
* * * * *	
DISEASES OF THE ARTERIES AND VEINS	
* * * * *	
7116 Claudication, intermittent	
* * * * *	
Persistent coldness of extremity with claudication on minimal walking.....	60
* * * * *	
7121 Phlebitis or thrombophlebitis, unilateral, with obliteration of deep return circulation, including traumatic conditions:	
Massive board-like swelling, with severe and constant pain at rest.....	100

7121—Continued

Persistent swelling, subsiding only very slightly and incompletely with recumbency elevation with pigmentation cyanosis, eczema or ulceration

60

Persistent swelling of leg or thigh, increased on standing or walking 1 or 2 hours, readily relieved by recumbency; moderate discoloration, pigmentation and cyanosis or persistent swelling of arm or forearm, increased in the dependent position; moderate discoloration, pigmentation or cyanosis

30

Persistent moderate swelling of leg not markedly increased on standing or walking or persistent swelling of arm or forearm not increased in the dependent position

10

NOTE. When phlebitis is present in both lower extremities or both upper extremities, apply bilateral factor.

26. In § 4.114, the introductory portion preceding diagnostic code 7200, and diagnostic codes 7312, 7313, 7339 and 7343 are revised; diagnostic code 7341 is revoked and diagnostic code 7348 is added so that the added and revised material reads as follows:

§ 4.114 Schedule of ratings—digestive system.

Ratings under diagnostic codes 7301 to 7329, inclusive, 7331, 7342 and 7345 to 7348 inclusive will not be combined with each other. A single evaluation will be assigned under the diagnostic code which reflects the predominant disability picture, with elevation to the next higher evaluation where the severity of the overall disability warrants such elevation.

7312 Liver, cirrhosis of: Rating

Pronounced; aggravation of the symptoms for moderate and severe, necessitating frequent tapping

100

Severe; ascites requiring infrequent tapping, or recurrent hemorrhage from esophageal varices, aggravated symptoms and impaired health

70

Moderately severe; liver definitely enlarged with abdominal distention due to early ascites and with muscle wasting and loss of strength

50

Moderate; with dilation of superficial abdominal veins, chronic dyspepsia, slight loss of weight or impairment of health

30

7313 Liver, abscess of, residuals:

With severe symptoms

30

With moderate symptoms

20

7339 Hernia, ventral, postoperative:

Massive, persistent, severe diastasis of recti muscles or extensive diffuse destruction or weakening of muscular and fascial support of abdominal wall so as to be inoperable

100

Rating 7339—Continued

Large, not well supported by belt under ordinary conditions

40

Small, not well supported by belt under ordinary conditions, or healed ventral hernia or post-operative wounds with weakening of abdominal wall and indication for a supporting belt. Wounds, postoperative, healed, no disability, belt not indicated

20

0

7341 [Revoked]

7343 New growths, malignant, exclusive of skin growths

100

NOTE. The rating under diagnostic code 7343 will be continued for 1 year following the cessation of surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure. At this point, if there has been no local recurrence or metastases, the rating will be made on residuals.

7348 Vagotomy with pyloroplasty or gastroenterostomy:

Followed by demonstrably confirmative postoperative complications of stricture or continuing gastric retention

40

With symptoms and confirmed diagnosis of alkaline gastritis, or of confirmed persisting diarrhea

30

Recurrent ulcer with incomplete vagotomy

20

NOTE. Rate recurrent ulcer following complete vagotomy under diagnostic code 7305, minimum rating 20 percent; and rate dumping syndrome under diagnostic code 7308.

27. In § 4.115a, diagnostic codes 7519 and 7528 are revised to read as follows:

§ 4.115a Schedule of ratings—genitourinary system.

DISEASES OF THE GENITOURINARY SYSTEM

7519 Urethra, fistula of: Rating

Multiple urethroperineal

100

Severe; multiple, with continuous drainage requiring constant use of appliance or frequent change of pad

60

Moderate; fistula with continuous drainage requiring constant use of pad or appliance

40

Mild; slight intermittent leakage

20

7528 New growths, malignant, any specified part of genitourinary system

100

NOTE. The rating under code 7528 will be continued for 1 year following the cessation of surgical, X-ray antineoplastic chemotherapy or other therapeutic procedure. At this point, if there has been no local recurrence or metastases, the rating will be made on residuals, minimum

10

28. In § 4.116a, diagnostic code 7627 is revised to read as follows:

§ 4.116a Schedule of ratings—gynecological conditions.

Rating

7627 New growths, malignant, gynecological system or mammary glands

100

NOTE. The rating under code 7627 will be continued for 1 year following the cessation of surgical, X-ray antineoplastic chemotherapy or other therapeutic procedure. At this point, if there has been no local recurrence or metastases, the rating will be made on residuals, minimum

10

29. In § 4.117, the note following diagnostic code 7709 is revised to read as follows:

§ 4.117 Schedule of ratings—hemic and lymphatic systems.

7709 Lymphogranulomatosis (Hodgkin's disease):

NOTE. The 100 percent rating will be continued for 1 year following the cessation of surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure. At this point, if there has been no local recurrence or invasion of other organs, the rating will be made on residuals.

30. In § 4.119, diagnostic code 7914 is revised to read as follows:

§ 4.119 Schedule of ratings—endocrine system.

7914 New growth, malignant, any specified part of endocrine system

100

NOTE. The rating under code 7914 will be continued for 1 year following the cessation of surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure. At this point, if there has been no local recurrence or metastases, the rating will be made on residuals.

31. In § 4.124a, diagnostic codes 8045, 8046 and 8914 (Mental Disorders in Epilepsies only) are revised to read as follows:

§ 4.124a Schedule of ratings—neurological conditions and convulsive disorders.

ORGANIC DISEASES OF THE CENTRAL NERVOUS SYSTEM

8045 Brain disease due to trauma:

Purely neurological disabilities, such as hemiplegia, epileptiform seizures, facial nerve paralysis, etc., following trauma to the brain, will be rated under the diagnostic codes specifically dealing with such disabilities, with citation of a hyphenated diagnostic code (e.g., 8045-8207).

8045—Continued

Purely subjective complaints, such as headache, dizziness, insomnia, etc., recognized as symptomatic of brain trauma, will be rated 10 percent and no more under diagnostic code 9304. This 10 percent rating will not be combined with any other rating for a disability due to brain trauma. Ratings in excess of 10 percent for brain disease due to trauma under diagnostic code 9304 are not assignable in the absence of a diagnosis of non-psychotic organic brain syndrome with brain trauma.

8046 Cerebral arteriosclerosis:

Purely neurological disabilities, such as hemiplegia, cranial nerve paralysis, etc., due to cerebral arteriosclerosis will be rated under the diagnostic codes dealing with such specific disabilities, with citation of a hyphenated diagnostic code (e.g., 8046-8207).

Purely subjective complaints such as headache, dizziness, tinnitus, insomnia and irritability, recognized as symptomatic of a properly diagnosed cerebral arteriosclerosis, will be rated 10 percent and no more under diagnostic code 9305. This 10 percent rating will not be combined with any other rating for a disability due to cerebral or generalized arteriosclerosis. Ratings in excess of 10 percent for cerebral arteriosclerosis under diagnostic code 9305 are not assignable in the absence of a diagnosis of non-psychotic organic brain syndrome with cerebral arteriosclerosis.

NOTE.—The ratings under code 8046 apply only when the diagnosis of cerebral arteriosclerosis is substantiated by the entire clinical picture and not solely on findings of retinal arteriosclerosis.

THE EPILEPSIES

8814 Epilepsy, psychomotor

Mental Disorders in Epilepsies: A non-psychotic organic brain syndrome will be rated separately under the appropriate diagnostic code (e.g., 9304 or 9307). In the absence of a diagnosis of non-psychotic organic psychiatric disturbance (psychotic, psychoneurotic or personality disorder) if diagnosed and shown to be secondary to or directly associated with epilepsy will be rated separately. The psychotic or psychoneurotic disorder will be rated under the appropriate diagnostic code. The personality disorder will be rated as a non-psychotic organic brain syndrome (e.g., diagnostic code 9304 or 9307).

32. In § 4.132, diagnostic codes 9200 through 9210, 9300 through 9311, 9400 through 9405, 9500 through 9502 are re-

vised, diagnostic codes 9312 through 9326, 9407 through 9410 (immediately preceding "Read well Notes (1) to (4), etc.") and 9505 through 9511 (immediately preceding "Evaluate psychophysiology reaction, etc.") are added and diagnostic codes 9406, 9503 and 9504 are revoked so that the added and revised material reads as follows:

§ 4.132 Schedule of ratings—mental disorders.

PSYCHOTIC DISORDERS

	Rating
9200 Schizophrenia, simple type	
9201 Schizophrenia, hebephrenic type	
9202 Schizophrenia, catatonic type	
9203 Schizophrenia, paranoid type	
9204 Schizophrenia, chronic undifferentiated type	
9205 Schizophrenia, other and unspecified types	
9206 Manic depressive illness, specify type	
9207 Psychotic depressive reaction	
9208 Paranoid states (specify type)	
9209 Involutional melancholia or involutional paranoid state	
9210 Psychosis, unspecified:	

General Rating Formula for Psychotic Reactions:

Active psychotic manifestations of such extent, severity, depth, persistence or bizarreness as to produce complete social and industrial inadaptability

With lesser symptomatology such as to produce severe impairment of social and industrial adaptability

Considerable impairment of social and industrial adaptability

Definite impairment of social and industrial adaptability

Slight impairment of social and industrial adaptability

Psychosis in full remission.

Convalescent rating in psychotic disorders: Upon regular discharge or release to non-bed care from a hospital where a beneficiary has been under care and treatment for a continuous period in the hospital of not less than 6 months, an open rating of 100 percent will be continued for 6 months. A Veterans Administration examination is mandatory at the expiration of the 6 months' period, after which the condition will be rated in accordance with the degree of disability shown. Where the beneficiary has been under hospital care and treatment for less than 6 months and is not ratable at 100 percent under the rating schedule, consideration should be given to § 4.29.

ORGANIC BRAIN DISORDERS

9300 Acute nonpsychotic brain disorder with infection, trauma, circulatory disturbance, etc. (specify the cause)	
--	--

9300—Continued

NOTE. Acute organic brain disorders with or without accompanying psychotic disorder are temporary and reversible. If psychiatric impairment attributable to such diagnosis continues beyond 6 months, the report of examination is to be returned to the examiner for reconsideration of the diagnosis.

9301 Non-psychotic organic brain syndrome with central nervous system syphilis (all forms)	
9302 Non-psychotic organic brain syndrome with intracranial infections other than syphilis (specify infection)	
9303 Non-psychotic organic brain syndrome with intoxication (specify cause such as alcoholic deterioration)	
9304 Non-psychotic organic brain syndrome with brain trauma	
9305 Non-psychotic organic brain syndrome with cerebral arteriosclerosis	
9306 Non-psychotic organic brain syndrome with circulatory disturbance other than cerebral arteriosclerosis (specify circulatory disturbance)	
9307 Non-psychotic organic brain syndrome with convulsive disorder (Idiopathic epilepsy)	
9308 Non-psychotic organic brain syndrome with disturbance of metabolism, growth or nutrition	
100 9309 Non-psychotic organic brain syndrome with intracranial neoplasm	
70 9310 Non-psychotic organic brain syndrome with unknown or uncertain cause	
50 9311 Non-psychotic organic brain syndrome of undiagnosed cause	
30 9312 Psychosis associated with organic brain syndrome due to senile dementia	
10 9313 Psychosis associated with organic brain syndrome due to chronic alcoholic poisoning	
0 9314 Psychosis associated with organic brain syndrome due to syphilis (all forms)	
9315 Psychosis associated with organic brain syndrome due to epidemic encephalitis	
9316 Psychosis associated with organic brain syndrome due to other and unspecified intracranial infection	
9317 Psychosis associated with organic brain syndrome due to cerebral arteriosclerosis	
9318 Psychosis associated with organic brain syndrome due to cerebrovascular disturbance	
9319 Psychosis associated with organic brain syndrome due to epilepsy	
9320 Psychosis associated with organic brain syndrome due to intracranial neoplasm	
9321 Psychosis associated with organic brain syndrome due to brain trauma	
9322 Psychosis associated with organic brain syndrome due to endocrine disorder	
9323 Psychosis associated with organic brain syndrome due to metabolic or nutritional disorder	

- 9324 Psychosis associated with organic brain syndrome due to systemic infection
- 9325 Psychosis associated with organic brain syndrome due to drug or poison intoxication (other than alcohol)
- 9326 Psychosis associated with organic brain syndrome due to other and undiagnosed physical condition

Before attempting to rate brain syndromes rating specialists should become thoroughly acquainted with the relevant concepts presented by the current Diagnostic and Statistical Manual of the American Psychiatric Association and the following:

(1) Under the codes 9300 through 9326 the basic syndrome of organic brain disorder may be the only mental disturbance present or it may appear with related "psychotic" manifestations. An organic brain syndrome with or without such qualifying phrase will be rated according to the general rating formula for organic brain syndromes, assigning a rating which reflects the entire psychiatric picture.

(2) An organic brain syndrome, as defined in the American Psychiatric Association manual, is characterized solely by psychiatric manifestations. However, neurological or other manifestations of etiology common to the brain syndrome may be present, and if present, are to be rated separately as distinct entities under the neurological or other appropriate system and combined with the rating for the brain syndrome.

General Rating Formula for Organic Brain Syndromes:

- Impairment of intellectual functions, orientation, memory and judgment, and liability and shallowness of affect of such extent, severity, depth, and persistence as to produce complete social and industrial inadaptability. 100
- Less than 100 percent, in symptom combinations productive of:
- Severe impairment of social and industrial adaptability 70
- Considerable impairment of social and industrial adaptability 50
- Definite impairment of social and industrial adaptability 30
- Slight impairment of social and industrial adaptability 10
- No impairment of social and industrial adaptability 0

PSYCHONEUROTIC DISORDERS

- 9400 Anxiety neurosis
- 9401 Hysterical neurosis, dissociative type
- 9402 Hysterical neurosis, conversion type

- Rating 9403 Phobic neurosis
- 9404 Obsessive compulsive neurosis
- 9405 Depressive neurosis
- 9406 [Revoked]
- 9407 Neurasthenic neurosis (formerly psychophysiological nervous system reaction)
- 9408 Depersonalization neurosis
- 9409 Hypochondriacal neurosis
- 9410 Other and unspecified neurosis

PSYCHOPHYSIOLOGIC DISORDERS

- 9500 Psychophysiological skin disorder
- 9501 Psychophysiological cardiovascular disorder
- 9502 Psychophysiological gastrointestinal disorder
- 9503 [Revoked]
- 9504 [Revoked]
- 9505 Psychophysiological musculoskeletal disorder
- 9506 Psychophysiological respiratory disorder
- 9507 Psychophysiological hemic and lymphatic disorder
- 9508 Psychophysiological genitourinary disorder
- 9509 Psychophysiological endocrine disorder
- 9510 Psychophysiological disorder of organ of special sense (specify sense organ)
- 9511 Psychophysiological disorder of other type

[FR Doc.76-7605 Filed 3-17-76;8:45 am]

Title 40—Protection of Environment

CHAPTER I—ENVIRONMENTAL PROTECTION AGENCY

[FRL 503-3]

PART 124—STATE PROGRAM ELEMENTS NECESSARY FOR PARTICIPATION IN THE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

PART 125—NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

Application of Permit Program To Separate Storm Sewers

On December 5, 1975, the Environmental Protection Agency (EPA) proposed regulations for applying the National Pollutant Discharge Elimination System (NPDES) permit program to separate storm sewers (40 FR 56932). These regulations were proposed in accordance with the June 10, 1975, court order issued following the decision of the Federal District Court for the District of Columbia in the case of *NRDC v. Train* [396 F. Supp. 1393, 7 ERC 1881 (D.D.C. 1975)]. Although EPA is proceeding with the appeal of this case, the Agency is required by the court order to proceed with the promulgation of these regulations. For a detailed history of the development of the proposed regulations, see the preamble to the December 5, 1975, publication.

EPA solicited comments concerning the proposed regulations and received more than forty written statements. These comments are available for public inspection at EPA, and have been entered into the record of the development of the regulations. All comments received have been carefully considered and many have been adopted or substantially satisfied by editorial changes, deletions, or additions to the regulations. Several of the major comments and their disposition are discussed below.

1. *Summary of the Final Regulations.* The term "separate storm sewer" is defined as "a conveyance or system of conveyances * * * located in an urbanized area and primarily operated for the purpose of collecting and conveying storm water runoff." The permit issuing authority may designate a rural storm sewer as being a significant contributor of pollution and thus subject to these regulations. EPA intends that all other rural storm sewers be considered non-point in nature and not subject to the NPDES permit program. Any NPDES permit authorization for a discharge from a storm sewer includes all parts of the storm sewer system irrespective of ownership. Point sources which discharge into a storm sewer system are subject to the conventional NPDES permit program. In the future EPA will propose procedures for the issuance of general permits for separate storm sewers. In addition, the permitting authority may on a case-by-case basis require the owner-operator of any separate storm sewer to obtain a conventional NPDES permit.

2. *Definition of "Separate Storm Sewer".* The proposed regulations contained the following definition of the term "separate storm sewer": " * * * a publicly-owned system of pipes located in an urbanized area and designed, constructed, and operated for the purpose of collecting and conveying discharges composed entirely of storm runoff uncontaminated by process waste from any industrial or commercial activity."

More than half of the commenters discussed the proposed definition of "separate storm sewer" and recommended changes in that definition. A smaller but significant number also commented upon the provisions for present and future regulation of discharges from separate storm sewers.

(a) *"Publicly Owned".* The proposed regulations were limited to "publicly owned" storm sewers; thus private storm water collection systems were subject to the general provisions of the NPDES permit program, which require that the individual permits be obtained. In these final regulations, the term "publicly owned" has been deleted from the definition of "separate storm sewer." However, the regulations also state that conveyances from industrial or commercial activities (regardless of ownership) are not "separate storm sewers" if they discharge process waste water or storm water runoff contaminated by contact with aggregations of wastes, raw materials, or pollutant-contaminated soil. Such conveyances are subject to the conventional NPDES permit program.

Most of those who commented upon EPA's use of the term "publicly owned" represent private industry. They often used the word "discriminatory" to characterize EPA's proposed public-private